

A SNAPSHOT OF GEORGIA

STATE HEALTH BENEFIT PLAN

(FOR ACTIVE EMPLOYEES)



Overview

The State Health Benefit Plan (SHBP), a division of the Georgia Department of Community Health (DCH), is responsible for the administration of the health insurance offered to state employees, teachers, school personnel and certain contract groups. As of January 2009, the SHBP provides health coverage for 693,043 members and dependents. SHBP currently offers four Plan options for its active members and their dependents, including: 1) Health Reimbursement Account (HRA), 2) High Deductible Health Plan (HDHP), 3) Health Maintenance Organization (HMO) and 4) Preferred Provider Organization (PPO). In addition, retirees enrolled in Medicare may choose to enroll in a Medicare Advantage option with prescription drug coverage.

Plan Options

All options provide a wellness benefit without requiring the member to meet a deductible. This encourages members to get age-appropriate check-ups and exams.

The SHBP Options offered for active employees and retirees under 65 are:

- HRA: The SHBP offers two consumer driven health plans with HRA Accounts: Definity HRA through United Healthcare and the Choice Fund HRA through CIGNA. Both options offer a national network and in-and out-of-network benefits. Typically, benefits are paid at 90 percent for in-network and 60 percent for out-of-network charges. Features include a 100 percent wellness benefit and an annual contribution of \$500 for single and up to \$1,500 for family HRA funded by the SHBP to provide first dollar coverage to members. Any unused HRA dollars roll over to the next year and can be taken into retirement
- **HDHP:** The HDHP is a consumer driven health option. In return for a low premium, each individual member must satisfy a higher deductible prior to receiving benefit payments. This option offers a national network and in- and out-of-network benefits. Typically, benefits are paid at 90 percent for in-network and 60 percent for out-of-network charges. Members may also participate in a Health Savings Account (HSA) offered through the State of Georgia Flexible Benefits Program or by the member's employer. Employee contributions to an HSA are tax deductible and may be used to pay medical expenses. Unused HSA funds carry over to the next Plan Year and may earn interest. HSAs are also portable
- PPO: This option offers a national network and members may receive services from in- or outof-network providers. Typically, benefits are paid at 90 percent for in-network and 60 percent for out-of-network charges
- HMO: CIGNA Open Access Plus In Network and United Healthcare (UHC) CHOICE HMO are

PLAN OPTIONS

CIGNA:

Choice Fund (HRA) Open Access Plus (HDHP) Open Access Plus In Network (HMO) Open Access Plus (PPO) Medicare Access Plus RX

United Healthcare:

Definity (HRA) High Deductible Health Plan (HDHP) Choice (HMO) PPO Medicare Direct

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the two HMOs offered in 2009. These HMOs offer a national network. Members do not have to select a PCP or obtain a referral to see a participating specialist. HMO's typically provide a 100 percent benefit after a co-payment for in-network providers. There is not any coverage for services received by non-participating providers unless the injury or health issue is a life (or limb) threatening emergency

Tobacco and Spousal Surcharges

The \$30 monthly Spousal Surcharge applies to members whose spouses are eligible for coverage through their employer but elect not to take the coverage. The \$40 Tobacco Surcharge applies to any member and/or any covered dependents who use(s) tobacco products. This surcharge is designed to encourage tobacco users to adopt a healthier lifestyle. Smoking cessation classes are offered to members and dependents who want to stop using tobacco products.

Each year, members must go online and answer surcharge questions during the annual Open Enrollment. Members who fail to answer these questions will automatically be assessed the applicable surcharges. Retirees are not subject to surcharges at this time.

Disclaimer: This material is for informational purposes and is not a contract. It is intended only to highlight principal eligibility and benefits. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read the Summary Plan Description and all Plan materials provided in order to fully understand the eligibility and option provisions.